Title:	Rapid Care Services	**Code:**	Codes: S9480 U5: Rapid Care Services Low S9480 HK U5: Rapid Care Services High
Type:		**Group Code:**	n/a
Effective Date:	9/1/2021	**Units:**	Per diem

Service Description

Rapid Care Services allow time for extended assessment which may involve a clinical interview; assessment by clinicians, nurse, and/or psychiatric staff; various screening tools, with the ability to observe the member over a longer period to determine if symptoms increase or decrease; response to any administered medication; or other treatment interventions to determine the ongoing treatment needs of the member. This includes observation in a secure, medically staffed and psychiatrically monitored setting as an alternative to the community hospital/Emergency Department. The objective of this setting is for prompt triage (within 15 minutes of presentation) and assessment as soon as the member presents to the site, and to assess for any immediate life-threatening conditions such as danger to self or others or withdrawal. Clinical staff will then provide further evaluation and stabilization, nursing assessment, psychiatric intervention, observation, and comprehensive disposition and discharge planning as determined necessary based on the individual member needs. These services provide a safe environment to obtain additional information about the individual's condition to coordinate linkage to the most appropriate setting (more or less intensive). This service provides an alternative to Emergency Room and Inpatient Psychiatric Hospitalization for eligible individuals who have a mental illness and/or substance use disorder diagnoses. Rapid Care Services may be provided to members in crisis who need short-term intensive evaluation, which can include a multi-disciplinary team of individuals such as clinicians, psychiatrists, nurses, and peer support specialists. It also includes treatment intervention or behavioral management, which may include immediate strategies such as one to one observation to redirect and deescalate an individual's difficulty behaviors. This may also include coaching the member on interventions to manage acute anxiety (relaxation, controlled breathing exercises) and strategies to reduce the triggers and/or resulting difficult behaviors or other symptoms to stabilize acute or crisis situations. Team members will provide immediate medical triage for safety. After triage an assessment by a clinician will be completed with consultation with the nurse and attending medical provider to formulate a diagnosis and start of a treatment plan. Observation, mental status exam, case management, discharge planning and medical interventions will be carried out by team members in compliance with the formulated plan.

Population to be Served

This service is available to child, ages 3 and older, and adults with MH and/or SU diagnosis(es). This service provides an alternative to Emergency Room and Inpatient Psychiatric Hospitalization. Rapid Care may be provided to members in crisis who need short-term intensive evaluation, which can include a multi-disciplinary team of individuals such as clinicians, psychiatrists, nurses, and peer support specialists

Treatment Program Philosophy, Goals and Objectives

Treatment Program Elements:

A. Therapeutic Relationship and Interventions This service offers therapeutic interventions that are provided under the direction of a physician and is designed to support an individual remaining in the community and to alleviate acute or crisis situations. These supportive interventions assist the individual with coping and improving their functional skills to prevent hospitalization.

B. Structure of Daily Living This service is an intensified, short-term, medically supervised service provided in a setting that is available with staff coverage 24/7/365. It includes access to a specialized team of behavioral health professionals upon entry to the site. The service is intended to last for a few hours, but no greater than 23 hours and 59 minutes. The objectives of the service include:
   - Assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication/withdrawal from substances;
   - Implementation of intensive treatment, behavioral management interventions, or detoxification protocols when safe and appropriate aftercare is imminent;
   - Stabilization of the immediate problems that have resulted in the need for behavioral health intervention or detoxification;
   - Ensuring the safety of the individual by closely monitoring his or her medical condition and response to the treatment protocol; and
   - Arrangement for linkage to services that will provide further treatment or rehabilitation upon discharge from Rapid Care Services.

C. Cognitive and Behavioral Skill Acquisition This service is designed to provide support and treatment in preventing, overcoming, or managing the identified crisis or acute situations which begins the foundation to assist with improving the individual's level of functioning in all documented domains, increasing coping abilities or skills and sustaining the achieved level of functioning that will be further addressed through linking the member to ongoing services.

D. D. Resiliency or Environmental Intervention This service assists the individual with remaining in the community in a specialized behavioral health setting rather than other more restrictive settings that may not have staff fully trained to meet the specialized behavioral health needs of the members. This allows for the members to receive treatment interventions at an intensive level without the structure of an inpatient setting when that can be safely done. This structured program assesses, monitors, and stabilizes acute symptoms 24/7/365. For members returning to the community, discharge planning will focus on resiliency and how to manage their illnesses through the resources within their communities.

E. Program Requirements: This is service is offered seven days a week, 365 days a year, up to 23 hours and 59 minutes with a staff to member ratio that ensures the health and safety of members served in the community and compliance with 10A NCAC 27E Seclusion, Restraint and Isolation Time Out. Based on a 12-chair model, staffing should minimally be 1:4 to accommodate for 1:1 with the child population, allowing the three remaining staff to assist with the adult population. Staffing ratios would be adjusted as necessary to accommodate for the child population or if both children and adults were present to ensure appropriate separation into different areas of the facility of these populations with sufficient staffing to meet their needs. At a minimum, always the facility will have on site a licensed clinician, nurse, peer support specialist/qualified professional and have access to additional clinicians as necessary.
   - If determined that a member requires crisis care beyond the 23 hours and 59 minutes, the member would be transported to a Facility Based Crisis/Non-Hospital Medical Detoxification facility or Inpatient psychiatric facility.
   - Staff are trained to provide custody of patients requiring involuntary commitments within the facility and for transportation. Patients exhibiting aggression, risk of aggression or a need for forced

medications may also be subject to assistance from local law enforcement for safety during the chain of custody when being transferred to an appropriate treatment facility. Triage (within 15 minutes of member presentation): Prompt screening of a member's acuity and immediate needs to determine priority level for routine versus urgent/emergent intervention or the need for emergency medical attention. This would occur independently if there are multiple members presenting rapidly, or could be part of the full assessment process if there are no delays in commencing services. Includes:

- Presenting problem as described by individual statement, and observed by symptoms and behaviors
- Level of intoxication/risk of withdrawal (BAC as needed)
- Presence of hallucinations
- Lethality risk
- Imminent medical concerns
- Review of current medications
- Attempt to identify if individual is currently engaged in any other services
- RN check of vital signs
- Review of incoming paperwork
- May include conversation with collaterals (natural supports) Safety & Security: All individual's go through a standardized safety check process, with weapons and other contraband secured.

Assessment:

1. Provide timely assessment of clinical presentation unless there is a documented medical reason prohibiting the prompt completion of assessment. Assessment elements may be acquired through a variety of assessments completed by licensed professionals, nursing staff, and psychiatric prescribing professionals. The following elements will be collectively present:
   a. Demographic information
   b. Behavioral health and medical treatment history
   c. Reason for referral
   d. Urgency and risk status
   e. Current medications
   f. Current medical status and any need for emergency medical treatment
   g. Biopsychosocial information
   h. Current mental status
   i. Level of Care determination
   j. Establishment of diagnoses or interim diagnoses k. Use of specialty assessments using validated, standardized instruments (such as Suicide Risk Assessment, ASAM, CIWA, OSU-TBI ID, etc.).
2. Assessment to determine the level of care required to meet the individual's crisis intervention needs. Portions may be via telepsychiatry. Includes:
   a. Crisis Assessment
   b. Nursing Assessment and exam
   c. May be extended to include a full CCA at individual and provider discretion
   d. May include Psychiatric Evaluation
   e. IVC examination or initiation as needed

Discharge: Interventions include strategies and actions for the purposes of providing treatment and crisis de-escalation. The following strategies and actions may occur when providing interventions within the Rapid Care Services setting:

1. Initiate crisis intervention services
2. Activate referrals and connections to other providers
3. Initiate bed finding/placement activities
4. Monitor individual's safety, medical and psychiatric status
5. Provide food, hydration, and comfort items for those individuals in extended stays
6. Provide crisis de-escalation support
7. Initiation or continuance of medication management
8. Peer Support Specialist services
9. Individual and/or group psychoeducation and clinical intervention
10. To the extent possible, provide member choice on appropriate aftercare/stabilization services
11. Ongoing urgency determination
12. Provide community resource information
13. Identify natural supports
14. Develop and/or revise Crisis Plan
15. Provide ongoing assessments and specialty assessments as needed
16. Complete first evaluations to initiate, uphold or release from the IVC process

Service Type/Setting: Rapid Care Services may be provided up to 23 hours 59 and minutes per event and will be performed in a facility that operates 24/7/365 days a year, under psychiatric supervision. This facility must be able to accept individuals who are currently under involuntary petition for First Evaluations.

Expected Outcomes:

Expected Outcomes

1. Rapid engagement and maintenance of the member's safety
2. Multidisciplinary/bio-psychosocial, trauma-informed, assessment conducted by a licensed clinician, including a substance use assessment if initial screening indicates need
3. Health screening/nursing assessment conducted by an LPN/RN to differentiate medical versus behavioral health intervention needs
4. Medication evaluation and management
5. De-escalation of a crisis episode or referral to a higher level of care
6. Intensive discharge planning with emphasis on crisis intervention and referral for relapse prevention services developed under the direction of a physician (psychiatrist preferred) at admission, including:
    a. Engagement in recommended aftercare services
    b. Evidence of full use of natural supports
    c. Use of person-centered strategies and processes
    d. Emphasis on voluntary admissions and consents, rather than IVC process
    e. Provide education and information regarding community services and resources
    f. Communicate with LME-MCO Care Management as needed
    g. Communicate with and refer to primary or other physical care resources
    h. Obtain releases of information, make referrals and coordinate exchange of information for care
    i. Provide safety and aftercare instructions
    j. Coordinate admissions to hospitals, Facility Based Crisis (FBC) or enhanced services
    k. Assist with housing and transportation

l. Education and linkage to medication assistance and Medicaid eligibility
m. Peer Bridger services to help transition and engage in follow up services
n. Referral and linkage to services for general medical, dental, dietary, pastoral, recreation therapy, laboratory and other diagnostic services as needed

At least 75% of members seen will receive the full crisis assessment which will include – at a minimum – initial screening for health and safety, assessment by a nurse of any potential medical concerns, assessment by a licensed clinician and/or psychiatrist that includes assessment of safety to return to a community setting and intervention detailed in this service definition. Some members may need diversion to emergency medical attention or leave Against Medical Advice (AMA), but this should be the exception.

Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required

Provider Requirements: Rapid Care Services shall be delivered by practitioners and staff employed by mental health or substance use provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by Division of Health Benefits;
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services; and
- Are members of the Partners Health Management provider network;
- Have been approved by Partners Health Management to provide Rapid Care Services.
- Is established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina;
- Achieves national accreditation with one of the accrediting bodies approved by the N.C. Department of Health and Human Services (DHHS) within one year of enrollment as a provider with NC Medicaid.

Staffing Requirements

- A board certified or board eligible psychiatrist will be directly engaged with the program and available for consultation during all hours of operation. A variety of modalities will be used for this that include face-to face consultation during high volume periods or through telemedicine.
- RN, C (Psychiatric Certification) or Licensed Clinician (can include an appropriately trained associate level clinician working under supervision) availability must be assured 24/7/365.
- Nursing staff will be available on site 24/7, which can be provided by an LPN or higher-level nursing staff.
- As an all-inclusive treatment program, a variety of expertise should be represented on the team. The number of qualified therapists and peer support personnel must be adequate to provide comprehensive therapeutic activities consistent with everyone's active treatment program.
- All team members are expected to receive initial and ongoing training in core and evidence-based practices that support the implementation of ethical and person-centered crisis services. All staff working in a Rapid Care Services setting must be trained in agency new employee orientation and all applicable core competencies as required by state, Partners Health Management, or provider agency policies.

Administrative and Clinical Supervision Requirements: All staff must have administrative oversight and clinical supervision as required by agency policy or licensure board requirements. Administrative Supervision - All staff will be assigned an administrative supervisor. Administrative supervision will be provided based on individual staff and programmatic need. Administrative supervision will be provided by a Licensed Professional, RN or agency designated Director.

Clinical Supervision - Staff will receive clinical supervision by a licensed professional, as necessary. Written clinical supervision agreements will be developed as required per staff's credentials based on 10A NCAC 27G.0104. A licensed professional will be available 24/7/365 for consultation to all Rapid Care Services staff. A physician, PsyD, or licensed PhD in psychology will be available 24/7/365 to master's level licensed first evaluators for the IVC process.

Staff Qualifications are further outlined below.

Staff	Availability	Roles & Responsibilities	Supervision	Training
Licensed or Associate Clinicians (LCSW, LPC, LMFT, LPA, PhD/PsyD, RNC)	During hours of operation	Completes triage and assessments Coordinates linkage to next assessed level of care as needed Completes IVC and first commitment evaluations as needed per discipline Provides direct care Provides crisis de-escalation and crisis planning Conducts brief psychotherapy Provides behavioral interventions	Per Designated Board Requirements	Service definition (2 hours) Crisis response (3 hours) Crisis and Safety Planning (2 hours) Evidenced Based Treatment (3 hours) Special population training (SUD, IDD, geriatric and child) (6 hours) Trauma Informed Care (3 hours) Triage and Assessment (4 hours) Management of Aggressive behavior (6 hours) Prevention strategies (3 hours) CPR/First Aid (6 hours) The above training will be received by each staff for with additional hours required based on experience, education, and prior training. ANNUAL refreshers and training as needed
Qualified Professionals	During hours of operation as needed to meet the staff ratios with access to an onsite licensed professional	Provides and completes initial triage, accessing licensed staff as needed for further evaluation. Provides direct care such as assistance with activities of daily living as necessary, provides monitoring	Administrative and Clinical supervision provided by LP	All the above

	and Medical Staff (Nursing/ Psychiatric)	and/or observation, gathers information on the member needs (e.g., housing, transportation, community-based supports) Coordinates linkage to next assessed level of care as needed		
NC Peer Support Specialists	May be present during hours of operation with access to an onsite licensed professional	Provides individualized services that promote self-determination and shared decision making Provides coaching, mentoring, self-advocacy, and self-direction Promotes Wellness Management strategies Assists in development of Wellness Recovery Action Plans (WRAP)	Administrative and Clinical supervision provided by LP	All the above as well as PSS specific training
Registers Nurses (RN, APRN, LPN)	During hours of operation	Completes initial Nursing Assessment to include health history Manages medications in conjunction with the psychiatric prescriber Screens and monitors for medical problems and side effects. Manages and secures medication room Administers medications Coordinates services with other medical providers. Educates team in monitoring psychiatric symptoms and medication side effects.	Per Designated board requirements and under overall supervision of the program psychiatrist	All the above and Medication Management Administration (6 hours)
Physicians (MD or DO psychiatrist; preferably board certified/ board eligible psychiatrist)	Scheduled during hours of operation and on call 24/7/365	Provides clinical supervision and oversight services delivered in the setting Completes psychiatric evaluations and follow up as needed Collaborates with nursing and other staff to develop and coordinate medication administration. Oversees	Administrative oversight provided by Director or another designated agency management	Training to be individualized based on work experience and years of practice in the field.

		medical care Approves and prescribes standing orders Prescribe medications as needed Telehealth may be used when access to an onsite MD is not available, but may not replace regular onsite physician involvement		
Nurse Practitioners, Physician's Assistants (if utilized in the program but not required)	NP, PA	Provides clinical intervention Completes psychiatric evaluations and follow up as needed Collaborates with nursing and other staff to develop and coordinate medication administration. Oversees medical care Prescribes medications as needed as allowed based on licensure	Supervision agreement with a psychiatric physician required. Administrative oversight provided by Program Manager or other designated agency management.	All the above (excluding the Peer Support specialist training)

Unit of Service

This service is billed as 1 unit = 1 event per day and will utilize a two-tiered billing system based on the amount of time spent at the site as outlined below. If member receives less than 1.5 hours of intervention the applicable outpatient, psychiatric, or other CPT codes would be utilized.

The service will be provided in two tiers, with only one level being able to be provided within the 24-hour period:

- Rapid Care Services Low: Minimum of at least 1.5 hours of treatment up to 5 hours and 59 minutes
- Rapid Care Services High: 6 hours up to 23 hours and 59 minutes
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The site must meet all requirements to accept members on Involuntary Commitments (IVC) and meet all requirements for Behavioral Health Urgent Care Facilities.

Utilization Management

Utilization Management: There is no prior authorization (PA) for Rapid Care Services. The maximum length of service is 23 hours and 59 minutes per episode. For members enrolled with the LME-MCO, the Rapid Care Service provider shall contact the LME-MCO to determine if the member is enrolled with a provider that should and can provide or be involved with the intensive discharge planning. Rapid Care Services shall be used to divert individuals from emergency department, inpatient psychiatric and detoxification services when this can be safely done. Rapid Care Services are not used as "step down" services from inpatient hospitalization or other acute levels of care.

Entrance Criteria: Any of the following must be met:

- The member presents with a behavioral health crisis that is likely to significantly reduce in acuity after crisis de-escalation, therapeutic intervention, and observation AND the individual's medical needs are stable and appropriate for this level of care.
- The member does not meet all inpatient psychiatric criteria, but it is assessed that a period of observation may assist in the stabilization/prevention of symptom exacerbation.
- The member presents with law enforcement under IVC requiring first evaluation services to determine the member's service needs.
- Based on current information, there may be a lack of behavioral health diagnostic

Continued Stay Criteria: Not applicable. There is no continued stay associated with Rapid Care Services beyond 23 hours and 59 minutes per event. NOTE: For services beyond 23 hours and 59 minutes, eligible cases will be reviewed to determine if the requested service meets the criteria outlined under EPSDT.

Discharge Criteria Any of the following guidelines may be sufficient for discharge from this level of care:

- Evaluation and stabilization goals and objectives have been substantially met.
- The member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
- Length of stay at this level of care has surpassed the program's maximum.
- The member or parent/guardian withdraws consent for treatment and individual does not meet criteria for involuntary treatment.
- The member or legally responsible person agrees with the aftercare treatment plan and the member is appropriate for admission to the services associated with that plan.
- Medical Emergency or Medical Clearance as required to gain access to inpatient care. Discharge to a community hospital/Emergency Department setting is considered end of that episode of care).

A discharge SAR should be submitted at the time of discharge.

Service Orders: Service orders are required and may be written by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Licensed Psychologist, Nurse Practitioner (NP), or Physician Assistant (PA). All service orders must be made prior to or on the day service is initiated as outlined in Chapter 5, Service Orders/Verbal Service Orders of the Records Management and Documentation Manual APSM 45-2 Effective December 1, 2016.

Documentation Requirements:
Treatment Plan - A physician and other personnel involved in the care of the individual must establish a written plan of care for each member. The plan of care must include

- Diagnoses, symptoms, complaints, and complications indicating the need for admission;
- A description of the functional level of the individual
- Any orders for
    - Medications;
    - Treatments;
    - Restorative and rehabilitative services;
    - Activities;
    - Social services;
    - Diet;
    - Plans for continuing care, as appropriate; and
    - Plans for discharge, as appropriate.

- Orders and activities must be developed in accordance with physician's instructions.
- Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.
- Physician and other personnel involved in the beneficiary's case must review each plan of care at least every 60 days.

Service Documentation: A full service note that meets the requirements per APSM 45-2 is required for each contact or intervention (such as individual session, case management, crisis response) for each date of service. Each service note must include the following information:

- Recipient's name
- Service record number
- Medicaid identification number (as applicable)
- Name of service provided
- Full date of service
- Place of service
- Type of contact (face to face, telephone call, collateral, etc.)
- Purpose of contact as it relates to the goal(s) on the PCP
- Description of the interventions provided
- Time spent providing interventions (i.e. duration)
- Assessment of effectiveness of intervention and/or the recipient's progress towards the goal(s)
- Signature and credentials of the staff member(s) providing the service

Discharge Planning: Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with the member, family/caregiver, and child and family team will be documented. A documented discharge plan shall be discussed with the individual and included in the service record.

Service Exclusions/Limitations

- The primary problem is social, economic (i.e. housing, family conflict) or, one of physical health, or admission is being used as an alternative to incarceration (when there is not an identified clinical need). Member may have needs in those areas or be at risk of incarceration, but the sole purpose of the admission is not to meet those needs.
- The member may be safely maintained and effectively treated at a less restrictive level of care.
- Threat or assault toward others is not accompanied by a DSM or corresponding ICD diagnosis.
- Presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care.
- No other services may be billed at the same time as Rapid Care Services as this is an all-inclusive service. However, other services may be billed on the same day prior to presentation at the facility or after discharge.
- In Lieu Of services are not included in the Medicaid state plan and are provided only when they are expected to be a cost-effective alternative to state plan services which result in as good as or better outcomes than would the state plan service.
- In Lieu Of services may be provided to individuals who participate in NC Innovations or other home and community-based waiver programs, such as CAP/C and CAP/DA, as long the alternative services are not duplicative of waiver services.